

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 908, West Tower, Atlanta, GA 30334

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www.oci.ga.gov

**RESIDENT INSURANCE LICENSE APPLICATION****AGENTS LICENSING**  
**GID-103-AL JAN10**I. ☐ LICENSE ☐ NEW TEMPORARY LICENSE ☐ TEMPORARY LICENSE RENEWAL ☐ REINSTATEMENT

## II. TYPE OF LICENSE

## CLASS (ES) OF INSURANCE

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AGENT                         | <input type="checkbox"/> LIFE, ACCIDENT & SICKNESS  | <input type="checkbox"/> PROPERTY AND CASUALTY |
| <input type="checkbox"/> ADJUSTER                      | <input type="checkbox"/> LIFE                       | <input type="checkbox"/> PROPERTY              |
| <input type="checkbox"/> COUNSELOR                     | <input type="checkbox"/> ACCIDENT & SICKNESS        | <input type="checkbox"/> CASUALTY              |
| <input type="checkbox"/> CROP HAIL ADJUSTER            | <input type="checkbox"/> CREDIT                     | <input type="checkbox"/> PERSONAL LINES        |
| <input type="checkbox"/> FRATERNAL AGENT               | <input type="checkbox"/> VARIABLE PRODUCTS          | <input type="checkbox"/> TITLE                 |
| <input type="checkbox"/> LIMITED SUBAGENT              | <input type="checkbox"/> TRAVEL TICKET              | <input type="checkbox"/> WORKERS COMPENSATION  |
| <input type="checkbox"/> PUBLIC ADJUSTER               | <input type="checkbox"/> TRAVEL ACCIDENT & SICKNESS | (FOR ADJUSTER)                                 |
| <input type="checkbox"/> SURPLUS LINES BROKER          |   | <input type="checkbox"/> OTHER: _____          |
| <input type="checkbox"/> WORKERS COMPENSATION ADJUSTER |   |  |

1. IF APPLYING FOR TEMPORARY LICENSE: NAME OF SPONSORING INSURANCE COMPANY and NAIC COMPANY CODE
2. IF APPLYING FOR TEMPORARY LICENSE: NAME AND LICENSE NUMBER OF SUPERVISING AGENT
3. IF APPLYING FOR LIMITED SUBAGENT LICENSE: NAME AND LICENSE NUMBER OF SPONSORING AGENT
4. FULL LEGAL NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (SUFFIX)
5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 6. DATE OF BIRTH: \_\_\_\_\_ 7. SEX: \_\_\_\_\_
8. RESIDENCE ADDRESS (PHYSICAL LOCATION): \_\_\_\_\_  
(STREET AND NUMBER REQUIRED) (CITY)  
(CITY) (STATE) (ZIP) (COUNTY) (HOME TELEPHONE)
9. RESIDENCE MAILING ADDRESS (IF OTHER THAN 8): \_\_\_\_\_  
(INCLUDE P.O.BOX, RR #, CITY, STATE, ZIP CODE AND COUNTY)
10. BUSINESS ADDRESS (PHYSICAL LOCATION): \_\_\_\_\_  
(BUSINESS NAME) (SUITE NUMBER) (STREET AND NUMBER)  
(CITY) (STATE) (ZIP) (COUNTY) (BUSINESS TELEPHONE)
11. BUSINESS MAILING ADDRESS: \_\_\_\_\_  
(IF OTHER THAN 10) (INCLUDE P.O.BOX, BUSINESS NAME, STREET, CITY, STATE, ZIP CODE AND COUNTY)
12. FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

13.	Does any insurer or general agent claim that you are indebted or had an agency contract canceled for indebtedness? If yes, attach a letter from the insurer/agent to whom you are indebted giving full details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Have you ever been convicted of or are you currently charged with a felony? If yes, attach <u>certified copies</u> of all plea agreements and court orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than a minor traffic offense? If yes, attach a supplement giving full details and attach <u>certified copies</u> of plea agreements and all court orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	Have you ever been refused or had suspended or revoked an insurance license in any state? If yes, attach supplement giving full details and attach <u>certified copies</u> of all orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Have you ever had any other administrative action instituted against you by the insurance regulatory authority of any state? If yes, attach supplement giving full details and attach <u>certified copies</u> of all orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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18.	Have you ever: A. Had any license, permit, authorization, registration, or privilege denied, refused, revoked, suspended, limited, withdrawn, or restricted . B. Had any other disciplinary action taken against you. C. Had the renewal of any license, permit, authorization, registration, or privilege refused by any authority pursuant to a disciplinary proceeding other than that of the Insurance Commissioner. D. Failed to notify the Insurance Commissioner in writing within sixty days of the occurrence of any event listed above. If yes to any of the above, attach supplement giving full details and attach certified copies of all orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Have you ever withdrawn an application for any business or professional license granted by any licensing authority? If yes, attach supplement indicating the type of license, reason for withdrawal and the licensing authority.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Do you or will you maintain an office as an insurance agent, adjuster, counselor, limited subagent or surplus lines broker in this state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Have you ever held an insurance license issued by this department? If yes, list license type, number and last year licensed	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Have you held an insurance license of any type in any other state within the last 5 years? If yes, you must attach an original clearance letter from prior state dated within 90 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	Are you a citizen of the United States? If no, of which country are you a citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION, FORM GID 103, INCLUDING ANY DOCUMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I HAVE ATTACHED ALL APPLICABLE SUPPLEMENTARY DOCUMENTS AND I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REGULATORY ACTION. I HEREBY GIVE MY PERMISSION FOR A CRIMINAL BACKGROUND INVESTIGATION.

**NOTARY**  
**(SEAL & SIGNATURE REQUIRED)**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_

**SPONSOR'S CERTIFICATE****(REQUIRED IF APPLYING FOR A TEMPORARY OR LIMITED SUBAGENT LICENSE ONLY)**

I HAVE READ THE QUESTIONS AND ANSWERS GIVEN BY THIS APPLICANT HEREIN, AND HAVE MADE A DILIGENT INQUIRY AND INVESTIGATION RELATIVE TO THIS APPLICANT'S CHARACTER, IDENTITY, RESIDENCE, EXPERIENCE AND INSTRUCTION. THE FINDINGS OF SAID INQUIRY AND INVESTIGATION ENABLE ME TO CERTIFY AS FOLLOWS:

- (1) SAID ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF;
- (2) I AM SATISFIED THAT THE APPLICANT IS TRUSTWORTHY AND QUALIFIED TO ACT AS OUR TEMPORARY AGENT OR LIMITED SUBAGENT AND TO HOLD HIMSELF OR HERSELF IN GOOD FAITH TO GENERAL PUBLIC AS SUCH TEMPORARY AGENT OR LIMITED SUBAGENT;
- (3) WE DESIRE THAT THE APPLICANT BE LICENSED AS INDICATED TO REPRESENT US IN THE STATE OF GEORGIA.

Name of insurance company if applying for temporary license or sponsoring agent if applying for limited subagent license

Print name and title of company official for temporary license or name of sponsoring agent for limited subagent

Signature of company official for temporary license or sponsoring agent for limited subagent license

The following INSTRUCTIONS (page 3 of this form) need not be printed and submitted with this application to reduce paper.

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GID-103-AL JAN10**INSTRUCTIONS**

**PLEASE NOTE: ALL NEW APPLICANTS, EXCLUDING ACTIVE LICENSEES AND INDIVIDUALS THAT APPLY FOR REINSTATEMENT WITHIN 6 MONTHS OF EXPIRATION DATE, SHALL BE REQUIRED TO SUBMIT ELECTRONIC FINGERPRINTS FOR A CRIMINAL BACKGROUND CHECK. THE APPLICANT SHALL BEAR THE COST FOR ELECTRONIC FINGERPRINTING. FINGERPRINTING INFORMATION CAN BE FOUND ON THE DEPARTMENT'S WEBSITE** [WWW.GAININSURANCE.ORG](http://WWW.GAININSURANCE.ORG)

**ONLINE APPLICATION SERVICES ARE AVAILABLE AT** [WWW.SIRCON.COM/GEORGIA](http://WWW.SIRCON.COM/GEORGIA)

IF APPLYING FOR VARIABLE PRODUCTS – A CURRENT U-4 /WEB CRD STATUS REPORT SHOWING NASD SERIES 6 OR 7 APPROVED REGISTRATIONS MUST BE SUBMITTED WITH THIS APPLICATION.

IF APPLYING AS A COUNSELOR, PUBLIC ADJUSTER OR SURPLUS LINES BROKER, APPROPRIATE BOND MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION.

IF APPLYING FOR A COUNSELOR LICENSE, MUST ATTACH SUPPLEMENT SHOWING EVIDENCE OF 5 YEARS EXPERIENCE AS AN AGENT, SUBAGENT OR ADJUSTER OR IN SOME OTHER PHASE OF THE INSURANCE BUSINESS OR SUFFICIENT TEACHING EXPERIENCE OR EDUCATIONAL QUALIFICATIONS.

FEE FOR AGENTS LICENSE FOR ONE CLASS/MAJOR LINE OF INSURANCE: \$65 TOTAL (\$50 LICENSE, \$15 APPLICATION) PLEASE NOTE THE FEE FOR AN AGENT LICENSE IS BASED ON CLASSES OF INSURANCE AND LICENSES REQUESTED.

FEE FOR A TEMPORARY LICENSE \$75 TOTAL (\$50 LICENSE, \$15 APPLICATION, \$10 CERTIFICATE OF AUTHORITY)

FEE FOR LIMITED SUBAGENT LICENSE \$70 TOTAL (\$50 LICENSE, \$15 APPLICATION, \$5 SUBAGENT CERTIFICATE OF AUTHORITY)

FEE FOR ADJUSTER AND COUNSELOR LICENSES \$65 TOTAL (INCLUDES \$50 LICENSE, \$15 APPLICATION FEE)

FEE FOR SURPLUS LINES BROKER LICENSE \$315 TOTAL (INCLUDES \$300 LICENSE FEE, \$15 APPLICATION FEE)

MAKE CHECKS OR MONEY ORDERS PAYABLE TO GEORGIA INSURANCE DEPARTMENT.

**ADDRESS TO REMIT BY MAIL:**

**Georgia Dept. of Insurance-Agents Licensing Division, P.O. Box 935132, Atlanta, GA 31193-5132**

**ADDRESS TO REMIT BY COURIER:**

Wachovia Bank, Georgia Dept. of Insurance-Agents Licensing Division, Lockbox 935132, 3585 Atlanta Ave, Hapeville, GA 30354

ADDITIONAL INFORMATION REGARDING LICENSURE CAN BE FOUND ON THE DEPARTMENT'S WEBSITE [WWW.GAININSURANCE.ORG](http://WWW.GAININSURANCE.ORG)

SCHEDULING OF THE EXAMINATION CAN BE DONE ONLINE AT [WWW.PEARSONVUE.COM](http://WWW.PEARSONVUE.COM) OR 1-800-274-0488.

YOU MAY VIEW YOUR LICENSING STATUS ONLINE AT [WWW.GAININSURANCE.ORG](http://WWW.GAININSURANCE.ORG) OR [WWW.SIRCON.COM/GEORGIA](http://WWW.SIRCON.COM/GEORGIA)

This last page of INSTRUCTIONS (page 3 of this form) need not be printed and submitted with the application to reduce paper.